



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES



October 1, 2020

Chair Greg Bonnen and Members  
of the House Select Committee on Statewide Health Care Costs  
Texas State Capitol  
1100 Congress Avenue  
Austin, TX 78701

Attn.: Samantha Durand and Brigitt Hartin

By Email: [Samantha.Durand\\_HC@house.texas.gov](mailto:Samantha.Durand_HC@house.texas.gov)  
[Brigitt.Hartin\\_HC@house.texas.gov](mailto:Brigitt.Hartin_HC@house.texas.gov)

RE: ***INTERIM CHARGE 3: Identify emerging and proven delivery system improvements and sustainable financing models that could reduce the cost of health care.***

Dear Chair Bonnen and Members of the House Select Committee:

On behalf of our members operating community pharmacies in Texas, the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to provide written comments to the Texas Statewide Health Care Costs Committee in an effort to evaluate and reduce statewide health care costs. TFDS and NACDS applaud the Committee for their efforts to evaluate the existing infrastructure and identify opportunities to effectively utilize public dollars to deliver high quality care that Texans deserve. Through this process, TFDS and NACDS strongly urge the members of this Select Committee to recognize the value of leveraging all qualified healthcare professionals throughout the state to provide Texans convenient and affordable care.

The Texas Federation of Drug Stores (TFDS) is an association of ten (10) chain pharmacies which operate in Texas. TFDS activities are focused on pharmacy- specific legislative and regulatory matters. Our members are Albertsons Companies (Albertsons, Randall's and Tom Thumb), Brookshire Brothers, Inc., Brookshire's Grocery, H-E-B, Genoa, Kroger, ReCept Pharmacy, United Supermarkets, Walgreens and Walmart.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Texas, NACDS member companies operate more than 3,000 locations that employ nearly 300,000 people. Our members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies employ more than 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit [nacds.org](http://nacds.org).

Value-based care networks are designed and implemented to provide greater patient care coordination and utilize pharmacists to their full ability. For example, the Community Care of North Carolina (CCNC) created the Community Pharmacy Enhanced Services Network (CPESN) via CMMI-funded grant to test new reimbursement models for community pharmacies serving Medicaid, Medicare, and dually eligible beneficiaries. This allowed pharmacies to support and provide enhanced services in order to improve access and quality of care for patients. Through the provision of a wide variety of clinical services, improved healthcare outcomes have been observed, such as decreased A1c and blood pressure levels, increased medication adherence, and ultimately, decreased downstream healthcare costs.<sup>1</sup> Leading healthcare policymakers have highlighted the critical need to integrate pharmacists into collaborative and emerging care models, noting that the inclusion of all skilled clinicians in the team improves patient care experience and outcomes.<sup>2</sup> Unfortunately, barriers to sustainability continue to challenge the scalability of these models of care throughout the nation, especially in underserved areas, due to lack of provider recognition for pharmacists and subsequent inability to sustain clinical service delivery.

Chain pharmacies and retail health clinics are accessible, cost effective healthcare destinations.<sup>3</sup> Furthermore, pharmacies and retail health clinics are increasingly expanding their accessibility to patients by offering telehealth services.<sup>4</sup> Telehealth services have been proven as a cost effective, quality way to deliver accessible healthcare to patients. This has been especially true in light of the current global pandemic. However, to ensure increased access to these services through myriad healthcare destinations, including pharmacies, could help improve uptake.<sup>5</sup> Clinical pharmacy care services should be supported via telehealth options whereby pharmacists can provide clinical care remotely *and* in instances where pharmacies wish to offer telehealth services from other providers of care, like primary care physicians or specialists, to patients visiting their pharmacies. Thus, TFDS and NACDS strongly urge for Texas to build on the innovation to date instead of rolling back the ability for healthcare providers, including pharmacists, to provide high-quality and convenient clinical care by leveraging advancements in technology to best serve patients.

Especially given the proven ability for pharmacists to improve access to care, quality, and reduce downstream costs, despite lacking reimbursement models for providing clinical care to date, TFDS and NACDS advocate for federal recognition of pharmacists as healthcare providers and expanded pharmacist authority to broadly provide all clinical care within pharmacists' capabilities. TFDS and NACDS applaud Texas for recognizing the value of pharmacists as providers within commercial health plans in 2019. Building off these tremendous efforts, TFDS and NACDS urge Texas to include pharmacists as eligible providers in all existing and future value-based healthcare models.

---

<sup>1</sup> Community Pharmacy Enhanced Services Network. <https://www.cpesn.com/>

<sup>2</sup> Manolakis PG, Skelton JB. Pharmacists' contributions to primary care in the United States collaborating to address unmet patient care needs: the emerging role for pharmacists to address the shortage of primary care providers. *Am J Pharm Educ.* 2010;74(10):S7. doi:10.5688/aj7410s7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058447/>

<sup>3</sup> Knapp K, Yoshizuka K, et al. Co-located Retail Clinics and Pharmacies: An Opportunity to Provide More Primary Care. June 2019. MDPI. <https://www.mdpi.com/2226-4787/7/3/74/pdf>

Bachrach D, Frohlich J, et al. Building a Culture of Health: The Value Proposition of Retail Clinics. Robert Wood Johnson Foundation/Manatt. April 2015. [http://www.manatt.com/uploadedFiles/Content/5\\_Insights/White\\_Papers/Retail\\_Clinic\\_RWJF.pdf](http://www.manatt.com/uploadedFiles/Content/5_Insights/White_Papers/Retail_Clinic_RWJF.pdf)

<sup>4</sup> Livingston S. Storefront clinics expanded telehealth gaining ground. *Modern Healthcare.* February 2017.

<https://www.modernhealthcare.com/article/20170218/TRANSFORMATION02/170219900/storefront-clinics-expanded-telehealth-gaining-ground>

<sup>5</sup> Barnett ML, Ray KN, Souza J. Trends in Telemedicine Use in a Large Commercially Insured Population, 2005-2017. *Journal of the American Medical Association.* November 2018. <https://jamanetwork.com/journals/jama/fullarticle/2716547>

All healthcare providers should be recognized for their unique expertise within the healthcare team and utilized to their full abilities, especially as issues with access to care are observed throughout the nation. Unfortunately, pharmacists have been long excluded from opportunities to be reimbursed for the clinical care they provide, depriving patients from necessary transformation in community healthcare delivery. Unlike physicians, nurse practitioners, physician assistants, clinical nurse specialists, physical therapists, clinical psychologists, speech-language pathologists, audiologists, and nutrition professionals, pharmacists have been totally restricted in their ability to sustain clinical patient care services due to lack of recognition as healthcare providers by CMS, despite robust evidence that pharmacists improve quality of care, health outcomes, patient experience, and reduce downstream healthcare costs. Additionally, as observed within federal programs, pharmacists are capable of providing direct patient care that would result in improved access and reduced burden for physicians to focus on more complex cases. Thus, recognition and expansion of pharmacists' role within the community is vital to bridging the observed gaps in care seen throughout the nation.

**Conclusion:**

It is vital for the state of Texas to implement the necessary health access measures that are effective, long-term solutions to providing quality patient care for their residents. Through increased engagement of pharmacies and the corresponding appropriate coverage of pharmacy patient care services through all models, pharmacies will be able to feasibly and sustainably provide the care they are recognized for within communities across the nation. TFDS and NACDS strongly urge Texas to leverage pharmacists in the delivery of patient care as it will benefit the citizens and the economy of the state. TFDS, NACDS and our member companies in Texas stand ready to engage further on this matter in an effort to protect our citizens and welcome the opportunity to discuss this issue further. For follow-up, please contact either NACDS' Mary Staples, Regional Director of State Government Affairs, at (817) 442-1155 or [mstaples@nacds.org](mailto:mstaples@nacds.org), or Janis Carter, TFDS at [jcarter@carterstrategies.com](mailto:jcarter@carterstrategies.com) or (512) 914-3652.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM  
President and Chief Executive Officer  
NACDS



Ken Breda  
President  
TFDS

cc: Texas Pharmacy Business Council  
Texas Society of Health Systems Pharmacists  
Texas Pharmacy Association  
Texas TrueCare Pharmacies